1 Introduction

Young people are a source of energy, creativity and initiative, of dynamism and social renewal. They learn quickly and adapt readily. Given a chance for the proper development of their talents they would contribute hugely to the social development and economic progress. Were we fail to give them these opportunities, we are committing an unforgivable mistake by wasting the valuable human resource on the one hand and on the other side we are contribute to the emergence of a young generation who have no value base and hence may become potential dangers to themselves and the community at large.(UNICEF,2003 July). Considering the fact that the adolescent population around the globe has reached 1.2 billion (UNICEF, 2011), the largest generation of adolescents in the history (UNFPA state of world population, 2003) their developmental demands are becoming the main agenda in the policy discussions recently.

Though India is home to 20% of the total adolescent population in the world (i.e. around 243 million) (UNICEF, 2010), they are yet to be recognised as a distinct age group in the policy formulation of our country. Adolescents, especially the girls in India are at a more disadvantaged position due to various socio cultural realities that exist in our country. Health related risks due to early marriage, and child bearing, poor access to resources as result of low preference given to the education of the girl child and the cultural restriction putting limits for her achievements and aspirations all of which are challenges for a girl child in Indian situation.

Launching of the Adolescent Girls' Scheme of ICDS(Integrated Child Development Services Scheme) was a landmark development in the history of service delivery to adolescent age group girls in the country. In India the Integrated Child Development Services Scheme (ICDS) with its life cycle approach in service delivery, included adolescent age group girls also in its beneficiary category with the aim of

breaking the intergenerational life cycle barrier of nutritional and gender disadvantage and providing a supportive environment for self development. .One of the objectives of this scheme for adolescents include promoting awareness about health, hygiene, nutrition, family welfare, home management, child care and enhancing their self esteem. (NIPCCD, 2002). To achieve this objective various educational and training activities for the adolescent age group girls are proposed to be conducted at the anganwadi level, coordinating the services of the various other sectors like health, education etc.

This often does not happen due to many practical problems in the field level implementation of the programme. Researcher while working in the ICDS as a child development project officer observed that the meetings for the adolescents were organized infrequently and the participation of the adolescents in these sessions were low. Even in those places where the sessions were held, the quality of the sessions suffered due to lack of expertise of the resource persons (mostly the anganwadi workers).Apart from this the anganwadi workers have reported difficulties in finding qualified resource person for the sessions. Researcher in her interaction with the anganwadi training centre staff and the middle level training centre staff (which are meant fort training of the supervisors of the ICDS)came to know that the training input given to the workers and supervisors in this regard are meagre.

Considering the vast training infrastructure that the ICDS has, this gap in the training input can be bridged easily by adding adolescent development education also as part of training curriculum of the ICDS functionaries. Need for a training module for use of anganwadi centers to train the adolescent girl beneficiaries of ICDS have been mentioned in the plan out lay itself, but nothing significant has happened so far {(Proceedings of the Director of Social Welfare GOK, (2007, December 28)&

Ministry of human resource development, ICDS, A Compodium of guidelines, 2000)}.

All the above mentioned circumstances prompted the researcher to look at the current functioning of the adolescent girls' programme at the anganwadi level and to look at the functionaries need perception for a capacity building training programme on adolescent development. The study ultimately aims to develop a training programme on adolescent development for the use of anganwadi centres in Kerala. There were many steps in this research project. The first step was to check the need perception of the functionaries and select the functionary group who would function as master trainers .Second step was the preparation of the training programme on adolescent development for the training of the selected functionary group. And in the third part of this project researcher intended to look at the feasibility and utility of the training programme developed.

The proposed model training programme on adolescent development prepared for the capacity building of the ICDS functionaries have been developed with the following social realities in mind. First one is the threatening increase in the occurrence of non-communicable diseases as a result of life style changes, ever increasing reports of crime and sexual exploitation of children especially girl children, lack of effective mechanism to address the needs of the children to know about their growth and developmental issues, and the rapid erosion in the family structure and relationships etc causing enormous strain in the lives of the adolescents. Deterioration in the moral and ethical standards, which are the by-products of a consumerist and deadly competitive society are putting undue strain on the mental and physical wellbeing of the growing youngsters. This is evident from the increasing suicide rates and crime reports committed by the adolescents, all of which are pointers towards an

ailing society. Adolescent girls' scheme of ICDS net work offers a very good platform to address these issues.

2 Review of studies- Summary

Review of existing studies done on adolescent development shows that most of the developmental interventions are done in school setting. They are targeted at a range of problems and some of them are aimed at competence promotion. Prevention programmes have their focus on substance use prevention, violence prevention, suicide prevention, smoking prevention etc. Some of them are educative programmes which include topics like sex education, AIDS education, Family life education, etc. Promotive programmes aims at improving the self esteem, interpersonal relationship, teaching goal setting, encourage healthy psychosocial development, improve self efficacy and body image, improve dietary behaviour etc. Most of the programmes were done on general population, where as the prevention based programmes targeted at risk individuals. Majority of the studies have proven its efficacy in the concerned area.

Studies done on Ag scheme implementation across the nation showed that the scheme lacked uniformity in implementation (NIPCCD,2002) A higher number of girls in the age of 11-15 utilised the scheme as compared to the older age group. Girls belonging to BPL families and those from backward class and scheduled caste and tribe etc did not avail the services to the desired level and extend. Some of the functionaries were considering the services of the children at the centre as cheap labour, and the study team strongly recommended immediate changes in the implementation of the scheme to make it more beneficiary oriented.

Other drawbacks of the scheme, as revealed by a study by Sen (2009) were that the project level functionaries reported lack of training, poor recognition given to the work of the AGs at the anganwadi etc as the problems and in their opinion these

things made it less attractive for the beneficiaries. The study did not find any significant difference in the knowledge level of the beneficiaries and the non beneficiaries on various topics discussed in the nutrition health education sessions.

A study by Formative Research and Development Services, New Delhi (2009) showed that around 49% of the girls mentioned that they had benefited from KSY, while the remaining AGs did not feel so. Only 41% AWW had received training under KSY. Anganwadi workers mentioned that the training imparted to them was not sufficient for implementation of KSY(Kishori Shakthi Yojana-Which is the name given to Adoleacent girls' scheme in the year 2000 i.e during the first revision of the scheme) .

A study by Malhothra (2010) found that in the beneficiary groups gain in knowledge relating to infant and young child feeding as well as deficiency diseases and immunization was significant as a result of attending the programme.. However KAP(Knowledge, attitude and practice) relating to personal hygiene, nutritional quality of food and cooking practices and awareness about the rest of parameters under study i.e. menstruation, pregnancy, lactation and HIV/AIDS as well as social issues did not register any significant improvement. Among the supervisors and anganwadi workers only 14.0% of them had reportedly received some orientation relating to the scheme

All the above studies points towards the need to revamp the scheme .It also stress the importance of capacity building of the functionaries for better service delivery.

3 Research design

The study has used a quasi-experimental control group design. Pre post evaluation was done to find the feasibility and utility of a training programme

developed for the use of the ICDS functionaries to train the adolescent girl beneficiaries at the anganwadi level.

4 Objectives of the study

1) To evaluate the implementation of the non nutritional component of the adolescent girls' scheme of ICDS.
2) To understand the ICDS functionaries need perception for a training programme on adolescent development.
3) To develop and implement a feasible training programme on adolescent development for the anganwadi centres
4) To assess the utility of the training programme on adolescent development.
5) To check the feasibility of the training programme on adolescent development.
6) To suggest suitable measures to improve the service delivery of anganwadi centres to adolescent girl beneficiaries.

5 Hypotheses:

1. Compared to the control group, the experimental group adolescents will have better knowledge on healthy living subsequent to training.
2. Compared to the control group, the experimental group adolescents will have better self awareness subsequent to training.
3. Compared to the control group, the experimental group adolescents will have better knowledge on growth and development subsequent to training.
4. Compared to the control group, the experimental group adolescents will have better relationship perception subsequent to training

6 Population for the study

This study had two parts. In the first phase of the study, a preliminary investigation was done to evaluate the implementation of the adolescent girls'

programme of ICDS (specifically the non nutritional component). For this secondary data sources were surveyed to collect needed information. To assess the functionaries need perception for a capacity building training programme on adolescent development, field level data was collected from the various functionaries groups of ICDS who are primarily responsible for the implementation of the adolescent girls' programme (which included, Child Development Project Officers, Supervisors and anganwadi workers). For the second part of the study adolescent girl beneficiaries were also selected along with the functionaries. Hence the population of this study includes ICDS functionaries and adolescent girl beneficiaries of the anganwadi centres in Kerala.

7 Sampling

To select sample for the first phase of the study multi stage random sampling method was used. In the first stage from among the fourteen districts in Kerala three districts were selected randomly using lottery method. These were Alappuzha , Kottayam and Ernakulam District. Each of these districts has 13,11and17 numbers of ICDS projects respectively. From among this in the second stage of sample selection, one project each was selected randomly using lottery method. The selected projects were Alappuzha ICDS project of Alappuzha district, Pambadi ICDS project of Kottayam district and Parakkadavu ICDS project of Ernakulam district. Thirty workers were selected randomly from each of these projects using random sampling method (ie a total of 90 workers were selected). Apart from this data was collected from all the supervisors (17 in number) and the child development project officers (three in numbers) of these selected three projects.

Sample for the second phase of the study was selected from 119 anganwadi centres of the five panchayaths of Pambadi ICDS project(One panchayath i.e Akalakkunnam was not included in the main sample owing to the reason that pre

testing of the module and tool was done in that panchayath). From each of these panchayaths, four anganwadi workers who volunteered first were selected to include as master trainers. Thus a total of 20 anganwadi workers were selected to be the master trainers.

Selection of the experimental and control group adolescents were done using purposive sampling technique. One adolescent girl beneficiary, preferably the leader of the club from each of the 119 anganwadi centers of Pambady ICDS project were selected to include in the experimental group. Even though all the selected adolescents were informed to attend the training programme only 105 girls came to attend the training on the first day. From among this 105, only 80 could be included in the final sample of the experimental group after eliminating the responses of those who did not attend all the 16 sessions and also removing those response sheets which were incomplete and erroneous. Thus the final sample in the experimental group was 80.

For selection of the control group one another member of the adolescent club who is of same age as the experimental group participant was selected from each of the anganwadi centres. This was done with the help of anganwadi workers. Selection of the sample was done in such a way that the two groups were comparable to the maximum extent possible.

Informed consent was taken from the parents of the adolescent girls and assent was taken from the girls themselves before collecting data from the participants. Permission was taken from the concerned authorities of the local self government and the ICDS officials before conducting the training programme

8 Inclusion criteria

- Adolescent girls who are in the age group of 11-18 years
- Adolescent girls who are members of Ag clubs at the anganwadi level.

- Those girls who are holding a responsible position of the Ag club at the anaganwadi level.

9 Exclusion criteria

- Those girls who did not attend all the 16 sessions covered in the programme
- Adolescent who have attended any other training programmes of similar kind
- Adolescents who did not complete both pre and post evaluations.

10 Preparation and standardization of the intervention programme

Adolescent development education programme developed for the anganwadi centres were modelled after the various other adolescent development training packages published by

- Choose a future-Issues and options for adolescent girls (CEDPA, 1996).
- Life skills modules for young people (Do E (MHRD), NACO & UNICEF, n.d).
- Activity manual for the teachers on health promotion using life skills approach, NIMHANS, Bangalore (Bharath & Kumar, 2005)and
- Life skill education (Nair, George, Kumar & Chandramohan, 2005).

Four core areas were included in the package as under.

Module 1- Self awareness.

The main objectives of doing this module were to help the participant girls 1) to identify own strengths and weaknesses.2) to teach them how to identify and priorities personal needs .3) to give clarity about their personal goals and 4)to make them feel proud of their own gender. To achieve these objectives this module had four activities.

Module 2- Interpersonal relationship

The main objectives of this module were to help the participants 1) to improve their relationship with their parents.2) to analyse their relationship network.3) to teach them how to make and maintain healthy relationship with friends and with those of the opposite gender and finally 4) to help them to identify and deal with gender related exploitation and violence in their personal life. This module had 5 activities.

Module 3- Healthy living.

This module had three objectives and these were 1) to make them understand the nutritive value of common food stuffs 2)make them understand healthy and unhealthy eating and cooking practices.3)to make them aware of the life style diseases.

Module 4- Growth and development.

This module basically aimed at1) helping them understand the various changes that occur during adolescence, 2) importance of hygiene during menstruation, 3) various changes that take place in a menstrual cycle, and finally the 4) process of conception and child birth.

There were a total of 16 activities as per the objectives discussed as above. Each activity needed an average of 45 to 60 minutes (and some of them even more) to complete. Each of these modules was given to five subject experts in the fields of psychology, social work, health and dietetics etc for face validation of the content. They evaluated it for its adequacy, appropriateness, accuracy and practicality.

11 Tools of data collection

Tools for phase I.

1. Secondary data sources were surveyed to get relevant information on the adolescent girls' scheme implementation.

2. An interview guide was used to collect information from the supervisors and project officers of the selected projects to know their opinion about the adolescent girls' scheme

3. A pre tested semi structured questionnaire was used to collect information from the anganwadi workers about the current adolescent girls' scheme of their respective anganwadi centre.

Tools for phase II.

The following tools were used to collect data from the master trainers and the adolescent girl beneficiaries (both experimental and control group).Report from two independent observers were also taken to substantiate the evaluation reports taken from the participants.

1. Socio demographic profiles of the adolescent girls were assessed using structured questionnaires..

2. A checklist on self awareness was prepared by the researcher to assess the self awareness level of the adolescents

3. A knowledge inventory was prepared by the researchers to assess the knowledge level of the adolescent on healthy living

4. Checklist to assess the relationship perception of the adolescents was prepared by the researcher to use in this study

5. Knowledge inventory on growth and development was prepared by the researcher to assess the knowledge level of the adolescents on growth and development.

6. To understand the participant girls opinion about the training they received a process evaluation was done using an open ended questionnaires.

7. Process evaluation was done by collecting the master trainers opinion about the training that they imparted. For this a semi structured questionnaire was used.

12 Procedure of data collection

Secondary data sources were surveyed in the initial stage subsequent to which field level data was collected from all the supervisors and the project officers using the semi structured interview guide. Data from the selected workers were collected using the semi structured questionnaire.

After this the selected 20 workers(four each representing the five panchayaths of Pambady ICDS project)who volunteered to work as master trainers were given training(TOT) on 'Adolescent Development Education Program' developed for the research purpose. Subsequent to this at each panchayath the trained four workers of that panchayath together organized one camp for the adolescent girl beneficiaries of their panchayath.

Data collection from the experimental group.

The master trainers made the participant girls to fill in their personal details in a socio demographic profile sheet. After this data pertaining to the study variables were collected using the four tools (i.e checklist on self awareness and relationship perceptions and knowledge inventories on healthy living and growth and development) prepared for this. Master trainers did the intervention programme subsequent to this. The same tools which was used to collect data at the pre test level was used to collect post test data from the participant girls at the end of the training programme . Apart from this, to check the feasibility of the training programme a process evaluation was also done. Each participant was asked to give their evaluation of the training process in the process evaluation questionnaire at the end of each module.

Data Collection from the control group

Anganwadi workers of the respective anganwadi centres made the control group girls to fill the pre and post evaluation questionnaire which was given to the experimental group. First and second data collection from the control group was done at an interval of one week .No intervention was done to the control group. Process evaluations details were not collected from the control group as they hadn't had exposure to any training at that point of time

Data collection from the master trainers.

The master trainers were given separate schedules to fill in their opinion about the training process. Process evaluation questionnaire for the master trainers was used to collect this data. Each trainer had to fill this data on completion of each session

13 Analysis of the Data

The collected data of the preliminary study was analysed manually and with the help of SPSS software. Simple statistical methods like frequency and the percentage were calculated. Data collected from the second part of the study was both quantitative as well as qualitative. The quantitative data collected using the checklists at pre and post intervention phase from both experimental and control group were analyzed using SPSS soft ware. Apart from frequency and percentage computation mean values were also calculated. T- test (both paired and independent sample t tests were used to test the hypothesis) correlation analysis, Mann-Whitney U test were also used to analyze the data.

14 Key findings

Objective wise analysis of the findings is presented in four parts

Part I -Evaluation of the implementation of the non nutritional component of the adolescent girls' scheme of ICDS showed the following picture.

Available data on the implementation of the scheme at the national level showed that there are many problems in its implementation .This is evident from the poor fund utilisation up till 2006; poor focus on implementation of the non nutritional components and the low beneficiary coverage .The scheme guidelines had to be revised twice in 20 years time. Off late, after the re revision of adolescent girls scheme in the year 2010, some recommendations have come up to give strong focus on the non nutritional component implementation and more funds have been allocated for the same since then. It is hoped that with this revision the scheme would become more beneficiary friendly.

Adolescent girls' scheme implementation in the state of Kerala

After the successful piloting of the scheme in 13 projects of northern districts in Kerala, it was expanded to all the projects. Implementation of the non nutritional component faced many problems up till 2006 due to dearth in resources, both money man and material. Monitoring and evaluation of the scheme was also poor. Activities of the Ag scheme depended to a large extend on the motivation of the filed level ICDS functionaries. KSY implementation over the last few years in Kerala (i.e since 2006) shows an array of programmes many of which were very promising. However there is lack of evaluation of the effectiveness of the innovative attempts made over the last few years. This has resulted in trying out newer projects every year without any proper direction. A revamping of the scheme as per the SABLA guidelines issued in the year 2010 is awaited in some of the selected projects in Kerala which in paper appears to be a promising project.

Part II- ICDS functionaries need perception for a training programme on adolescent development showed the following results

Ag club(Adolescent girls' clubs) activities of the anagnwadi centres were not keeping the expected level as reported by the functionaries. Many reasons have been sighted by functionaries at various level .It included lack of time for the beneficiaries to participate, lack of resources both man and money, and lack of proper training to the functionaries and lastly the poor motivation on the part of functionaries themselves etc have been reported as reasons. In their opinion Ag club sessions needs to be organised with the help of experts. Capacity building of the functionaries primarily the anagnwadi workers has been sighted as the other method to improve the education sessions for adolescent girls. Among the suggestions made by the functionaries giving stress to vocational training and providing flexi fund at the disposal of the anganwadi centre to conduct Ag sessions and programme planning with long term goals in mind etc have been suggested by the functionaries.

Part III -Evaluation to check the utility of the training showed the following results

Self awareness level of the sample at baseline was found to be good however relationship perception was average indicating problems in interpersonal relationship. Knowledge level on healthy living was fairly good while that in growth and development showed some gaps.

Comparison of both groups in terms of various socio demographic profiles showed that both the groups were comparable in terms of their age, religion and family monthly income, education level of the parents etc.

The pre test scores of the two groups on self awareness and relationship perception showed no significant difference. At post test the scores of the

experimental group was significantly better when compared to the control group on self awareness and relationship perception

The control group had significantly better knowledge on healthy living and growth and development at pre test .However this was nullified and in fact the experimental group performed better at post test level in their knowledge level on healthy living and growth and development.

Above results proved the utility of the training intervention done through the anganwadi workers .Current study proved that the adolescent development education programme implemented through the anganwadi workers were effective in bring about desired changes in the target group beneficiaries

Part IV-Feasibility evaluation of the training programme

Process evaluation report from the trainers' showed that they could conduct the training well. For all the sixteen sessions majority of the trainers have expressed high level of satisfaction with their performance. Even after giving a margin for the possible positive self appraisal, it seems that the sessions were successfully completed.

While looking at it from the participant girls point view we definitely get the impression that the trainers were effective in brining about desired changes. All of them reported gain in knowledge as the most important use of attending the training. Trainers were effective in imparting not just knowledge but some behavioural changes were also brought in. Attitudinal changes were also visible in the participants Trainers also have reported visible changes in the participants which included increased level of participation in discussions, and role play activities, and increased number questions and doubts raised by the participants etc.

Participation in the training programme, as well as their role as trainers, have reportedly improved the workers self confidence level and motivation level. They

also have reported a definite improvement in their knowledge and skill as trainers of the adolescents. They also learned programme planning and implementation. This training programme made them think about the importance of time management and collaborative working style. Many of them while attending the training said that the process of learning became more interesting when interactive and participatory teaching methodology was used. Observation reports from two independent observers also corroborated the above findings.

15 Suggestions to improve AG scheme implementation

Many newer suggestions have come up in the revised guidelines for implementation of the Ag scheme. From the light of the above findings the following suggestions are also presented for better service delivery.

1) Since the out of school adolescents are less in Kerala the timing of the programme may have to be rescheduled .Instead of organising 6 hours session every week as it is proposed now, these girls can be called for education sessions once in a month .It is preferable to arrange this on Saturdays when schools have holiday. Anganwadi workers should be free from other ICDS related duties on that day. During this time the various training programmes can be organised depending upon the availability of the resource persons. Along with the peer educators if the anagnwadi workers are also trained using the module on adolescent development the scarcity of the resource persons will not be felt as we see now.

2) Vocational skill training activities should be included as part of the implementation and this has to be planned during summary holidays of the schools during which time adolescents will have more time to spare.

3) Capacity building of the different level of functionaries to impart skill training to the adolescents can be tried instead of using an outside resource person. For this a cascading model of training can be planned where Child development

project officer's can be trained to be the master trainers. They can give TOT to the supervisors in their sector .They in turn can train the anganwadi workers and the peer educators. This would be more sustainable model than trying different set of resource persons from outside every year.

4) To ensure cooperation from the health department specific orders should be issued by the government and the same should be enforced .Clear instruction should be given to the health functionaries regarding their functions in the implementation process. This is a very essential pre requisite as nearly half of the services delivered through AG scheme require cooperation from the health department.

5) More awareness and publicity should be given to the scheme to sensitise the personal in the other departments and the public.This would ensure better cooperation from them.

6) Some special incentive should be given to the anaganwadi workers for implementation of Ag's activities. Proposal to give certificate to the peer educators on successful completion of their work is welcome initiative in the new SABLA (Rajiv Gandhi scheme for empowerment of adolescent girls) guideline.

7) Providing a small amount as flexi fund at the disposal of the anganwadi worker for the implementation of the Ag scheme can also be thought of

8) Clear cut plans with long term goals should be made for the implementation and there should be some mechanism to ensure uninterrupted fund flow .This is very important because many a times adolescents are available for varied training input during vacation time. Since the summer vacation falls in the beginning of the financial year non of the programmes can be implemented due to technical delay in getting administrative sanction during this period.

9) Strict monitoring should be done to ensure effective implementation. Periodic evaluations studies can also be done to ensure the progress which can be done with the help of Non government organisations.

10) Along with the central assistance state fund and fund from the LSG(Local self government) bodies can also be mobilised for implementation of various programmes under AG scheme.

11) Awards can be given to the best functioning Ag clubs in the state.

12) Anaganwadi should be the focal point of service delivery .One anganwadi centre or the project office can be structured as a resource centre for Ag club functioning.

13) Innovative activities happening in the adolescent girls clubs needs to be documented.

14) Supplementary nutrition can be restricted to those who have nutritional and health deficits since most the adolescents girl beneficiaries are eligible to get mid day meal from the schools.

15) Region specific problems should be addressed though the training interventions. Immediate steps should be taken by the state to identify these issues and intervention modules needs to be modified with the help of experts in this area. The proposed adolescent development education programme though not very comprehensive has tried to address these issues pertinent to the state of Kerala to some extend.

16 Limitations

- Since the first part of this study was focused on getting some preliminary information on the non nutritional component implementation this was limited to a very small sample. Hence the observations cannot be generalized.

- Study sample was not blind to the fact that the pre and post evaluations were done to find the effectiveness of the intervention programme. This might have influenced their responses.
- Though the current study could prove the feasibility and utility of the programme, this need to be subjected to more rigorous empirical analysis with larger sample.
- Since no post post evaluation was attempted in this study, the sustainability of the intervention effect could not be ascertained.
- The master trainers themselves collected data from the respondents at pre and post test level. This would have influenced the quality of data. However process evaluation and independent observer's reports were collected to add strength to the quantitative data collected at pre and post intervention level.

17 Recommendations for future studies

1) This experiment can be repeated using a larger sample.

2) More such modules can be developed with specific focus in mind Eg. Leadership training, teaching the adolescent good learning skills, etc

3) A follow up of the study can be planned to assess the sustainability of the intervention and also to check if there is any improvement in the functioning of the Ag clubs subsequent to the capacity building of the workers.

4) A participatory action research project plan can be planned to find out the best suited model of service delivery to the adolescent girls through ICDS network.

5) Capacity building training can be given to different levels of functionaries to see the relative impact of it on AG club functioning.

18 Implications for social work practice

New guidelines issued for Ag scheme implementation (SABLA) requires the skills and expertise of professional social workers in various capacities which include

their role as resource persons, consultants, counsellor and trainers for human resource development etc. Decision has come to involve NGOs and community based organisations to implement the non nutritional component. Involvement of social workers is going to increase in such cases.

Professional social workers in our country need to take a leading role in developing more such positive youth development intervention programmes that are culture specific, which is a need of the hour. Participatory training programme developed in the present study for the capacity building training of the anganwadi workers can be modelled for developing other intervention programmes for the community level workers.

19 Conclusion

Various interventions aimed at addressing the developmental demands of the adolescents are in progress at many parts of the country. ICDS with its unique service delivery programme to the adolescents has immense potential to serve the underprivileged youth in the country. However this has been underutilised due to many reasons, one of which was the lack of capacity building of the functionaries. This study experimented an intervention programme for the capacity building of the grass root level ICDS functionaries. It could prove that it is possible to implement such a programme and hence is presented as a model to be adopted for the modification of Ag scheme implantation for better service delivery to the adolescent girls in the country.